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Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOUNT SINAI FAMILY PRACTICE, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

B. BOSTICK

NOV - 5 2013

EXAMINER

H15003244332 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOUNT SINAI FAMILY	PRACTICE LLC
Name of the Limited Linbility Company as A now a (A Florida Limited Liability Compa	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number 43000 87 968	06/18/20/3 and assigned
This amendment is submitted to amend the following:	re of the Limited Liability Company at A now appears on our records. (A Florida Limited Liability Company) In this Limited Liability Company were filed on OG/18/20/3 and assigned /30000 87 96 / In amend the following: The new name of the limited liability company here: In able and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation of the abbreviation of the series of the series of the series of the series of the new agent and/or registered office address on our records, enter the name of the new registered office address here:
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and end with the words "Limited Liability C"L.L.C."	ompany," the designation "LLC" or the abbreviario
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STILET ADDRESS)	
	<u> </u>
	$\mathcal{O}_{\mathcal{O}}}}}}}}}}$
Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	
	2. 9
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the ne
	·
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
*	, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

#10000084-832

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

_	Name	Address	Type of Acti
			Add
			Add Remove
			Add Remove
<u>.</u>			Add Remove
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	ding any other information, enter change CORRECT NAM GNB MGRM		ecessary.)
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Page 2 of 2